

PROFESSIONAL EXPENSES REIMBURSEMENT FORM

PLEASE PRINT

NAME: _____

SCHOOL: _____

STAFF REP.: _____

TO WHOM CHEQUE IS MADE PAYABLE: _____
(if different from above)

Place an in all months of continuous employment with Battle River School Division #31.

2009 ----- 2010 -----

March April May June July Aug. Sept. Oct. Nov. Dec. Jan. Feb.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If you were assigned to another school in the division *prior to the 2009/2010 school term*, please give the name of the School below:

SCHOOL: _____

Dues collected March 1, 2009 to February 28, 2010:

\$25 per month

x _____ # of months employed (with Battle River School Divison #31)

\$

AMOUNT CLAIMED

LESS

\$ 66.15

(Convention Registration Fee and G.S.T.)

\$

AMOUNT OF REIMBURSEMENT

YOU MUST SIGN YOUR NAME HERE

NOTE: REVENUE CANADA MAY REQUEST RECEIPTS TO VERIFY THIS CLAIM FOR PROFESSIONAL EXPENSES

All claims are to be sent to c/o **Heather Myck, Battle River Local Treasurer**, Ecole Sifton School
before **JANUARY 29, 2010**